

# Meaningful interactions of alcoholic men in times of the COVID-19 pandemic

Samara Santos Souza<sup>1</sup>  Thainan Alves Silva<sup>1</sup>  Larissa de Oliveira Vieira<sup>1</sup>  Patrícia Anjos Lima de Carvalho<sup>1</sup>   
Diego Pires Cruz<sup>1</sup>  Manuela de Jesus Silva<sup>1</sup>  Edméia Campos Meira<sup>1</sup> 

<sup>1</sup> Universidade Estadual do Sudoeste da Bahia – UESB. Jequié/Ba, Brasil.  
E-mail: samsouza99@outlook.com

## Abstract

This study aimed to understand the meaningful attitudes of alcoholic men and their expressions of feelings in the face of family and community interactions in times of the COVID-19 pandemic. This is a qualitative, descriptive, exploratory study, based on the Oral History of Life method. The participants of this study were five men who experience alcoholism, living in a municipality in the state of Bahia, accompanied by the Psychosocial Care Center for alcohol and other drugs. A semi-structured interview was used to collect information, from March to April 2021, through videoconferences through the Google Meet Digital Platform. The content of the oral reports was analyzed using a content analysis technique. It was observed that the significant attitudes of the alcoholic man were impacted by the unfolding of the pandemic, mainly due to the adoption of sanitary measures, such as social distancing. Some expressions of feelings were also identified of these men facing family and community interactions during the pandemic, such as fear, distrust, and affective insecurity, and social exclusion, in addition to expressions such as faith, gratitude, and hope. The participants' discourses expressed attitudes of changes in social life and habits during this pandemic period, including the use of masks and gel alcohol in addition to the decrease in alcohol consumption for most of them. Therefore, the symbolic interactions arising from the pandemic scenario promoted protective attitudes that encompass self-care and collective care, in addition to interactions marked by family conflicts.

**Keywords:** Alcoholism. Men. COVID-19. Family. Psychosocial Care.

## INTRODUCTION

The current world and Brazilian scenario reflect the confrontation with a pandemic caused by the spread of the SARS-CoV-2 virus, also called the new coronavirus or COVID-19. This context represents a major health challenge and is considered a public health emergency that caused intense turmoil in people's lives, affecting biopsychosocial issues, families, and society in general<sup>1</sup>.

Measures to reduce the transmission rate of COVID-19 include strict hand hygiene strategies, use of masks and, above all, social distancing<sup>2</sup>. There was still a need to close services, such as bars, restaurants, nightclubs, among others. It is noteworthy that, from the restriction of the operation of these establishments, alcohol consumption started to be carried out in the spaces of

DOI: 10.15343/0104-7809.2022463803911

people's homes<sup>3</sup>.

In 2016, abusive use of alcohol resulted in about 3 million deaths worldwide, with approximately 2.3 million deaths for men, highlighting the fact that 237 million men had some disorder associated with alcohol consumption<sup>4</sup>. The abusive consumption of alcohol, in addition to causing changes in the user's life, also affects their social relationships. Thus, both the individual and all those who live with them are somehow affected, having their lives transformed, with the emergence of psychosocial suffering<sup>5</sup>. Therefore, families facing chronic alcoholism are even more prone to emotional vulnerability and instability of family functionality.

The PCC-AD (Psychosocial Care Center for Alcohol and Drugs) are daily mental health care services, replacing the psychiatric hospital, whose function is to organize the care network for families and people with mental disorders who consume some psychoactive substance. They are also known as substitute services for the psychiatric hospital from the proposal of performing less institutionalizations, and they work with a multidisciplinary team, offering group and individual care, therapeutic and creative workshops, physical activities, recreational activities, art therapy, among others, as well as providing medication<sup>6</sup>.

The context of the pandemic also interfered in family relationships, demanding new adaptations from people, which led to an increase in the levels of stress, anguish, fear, and impotence of the population, which potentiated the emergence of psychosocial problems - even more so for those who had previously experienced living with them<sup>7</sup>. These conditions can allow an alcoholic person to develop psychological distress<sup>8</sup>, since the environment in which they are

inserted contributes to their behavior, since they manifest their actions and conduct from their internal experiences and the sociocultural and economic contexts in which they are immersed<sup>9</sup>. Therefore, the significant interactions generated in the coexistence of an alcoholic with their family and their community are expressed as attitudes of protection for themselves and for others, as well as feelings of well-being and illness, which are considered social symbols, revealing their perception regarding self-image, affectivity, and their relationship with alcohol consumption<sup>9</sup>.

In view of this discussion, Symbolic Interactionism (SI) is an adequate theoretical framework to address the significant interactions of alcoholic men during the COVID-19 pandemic, since this sociological approach is based on the construction of meanings through social interactions and, thus, allows for an understanding of human social action, understanding that man is a social being who, when interacting, changes society<sup>10,11</sup>. Therefore, it is necessary to highlight the experiences of these alcoholics in their experiences in the midst of this pandemic, as well as to understand family and community coexistence in this context.

In this scenario, the following guiding question was defined to guide this study: How do alcoholic men experience meaningful interactions in family and community relationships in experiences of attitudes and expressions of feelings in times of the COVID-19 pandemic? To understand this question, the following objective was set: to understand the meaningful attitudes of alcoholic men and their expressions of feelings in the face of family and community interactions in times of the COVID-19 pandemic.

## MATERIALS AND METHODS

This is a study with a qualitative, exploratory, and descriptive approach, based on the Oral History of Life method, which aims to analyze the uniqueness of each participant through their experiences, reported and written through interviews<sup>12</sup>. This research focuses on understanding the reality of the participant more comprehensively, based on their universe of motives, aspirations, beliefs, perceptions, values, and attitudes<sup>13</sup>.

As a theoretical reference for data analysis and the elaboration of the thematic categories of this study, Symbolic Interactionism was used, whose premises allow for an understanding of the human being, taking into account the meanings attributed to the lived experiences, their perspectives, which are adequate for the study proposed<sup>10</sup>.

The study was developed in an institutional health facility, the Center for Psychosocial Care for Alcohol and Other Drugs (PCC-AD), with prior compliance with participants who experience living with chronic alcoholism during the pandemic. Considering the context of the COVID-19 pandemic, the interviews were scheduled and carried out individually with the participants, following the safety standards established by the World Health Organization (WHO) to combat COVID-19, through videoconferencing through the Google Meet Digital Platform.

The participants of this study were five men who experience chronic alcoholism, living in a municipality in the interior of the state of Bahia, accompanied by PCC-AD, selected by convenience. The following inclusion criteria were adopted: those 18 years of age or older, an alcoholic man, dependent for at least two years; not using drugs other than alcohol; able to express oral language; has

experienced or is experiencing a family life. Those who use other drugs besides alcohol were excluded. Through identification in medical records, eight alcoholic men were contacted and invited; however, only five attended the interviews.

Before starting the interviews, the Informed Consent Form (ICF) was read in full to the participants and any doubts that arose were clarified. Then, they were asked to sign the informed consent, expressing their free agreement to participate in the study.

Data collection took place between March and April 2021, through semi-structured interviews by videoconference using the Google Meet Digital Platform, with an average duration of 50 minutes, carried out by three researchers from the executing team and one collaborator from the PCC-AD team, which mediated the contact between researchers and participants. The following guiding question was used: talk about the memories that come to you from the care you experienced during the period of the COVID-19 pandemic.

From the guiding question, the content spontaneously reported on the experiences of meaningful family and community interactions were extracted, in addition to the experiences of attitudes and expressions of feelings during the pandemic period. The interviews took place in a private place, with the researchers at their homes, alone in a room and using headphones, and the participants went to a PCC-AD room, where they were accompanied only by the collaborator, who is a member of the team and who maintained a distance of two meters throughout the interview, in accordance with the health standards established by the WHO. The data collection process was completed in the fifth interview, when theoretical saturation

was confirmed<sup>14</sup>.

The process of analyzing the narratives took place using Bardin's Thematic Content Analysis technique, based on pre-analysis, exploration of the material, treatment of results, and their interpretation<sup>15</sup>. The qualitative data obtained through the interviews were transcribed in full, followed by the organization of the text, selection of context units, identification of and recording of emerging themes; then, grouping into empirical categories, and interpretation and inferences<sup>15</sup>. The results were shown in the form of paragraphs that present interpretations

of the researchers, in which each category is adapted to the speeches expressed by the participants, uniting the oral experiences and the interpretations obtained.

The development of this study complied with the standards established by Resolution 466/12<sup>16</sup>, having been submitted and approved according to the favorable opinion of the ethics committee under No. 3.233.649/2019, CAAE No. 07378818.2.0000.0055. To ensure confidentiality and preserve the identity of employees, bird codenames were used (Peacock, Canary, Sparrow, Parrot, and Papa Grass).

## RESULTS

### Characterization of the participants

Five alcoholic men aged between 40 and 70 years old participated in the study, all of them being monitored by the PCC-AD. Regarding marital status, three were single and two were divorced; two of them declared that they did not live with family members.

All of them had a low level of education (Incomplete Elementary School). Regarding their financial situation, one was retired and four did not have a fixed income and concerning the profession they had already practiced during their lives, two reported having worked as a general service assistant, one as a production assistant, another worked with garbage recycling and also mentioned informal work. All participants denied the use of illicit drugs, on the other hand, they started the consumption of alcoholic beverages early, in childhood or adolescence, highlighting that they maintain alcohol consumption currently in the pandemic in different ways, either by harm reduction or by abusive consumption.

### Meaningful attitudes of the alcoholic man in a time of pandemic

The material perceived in this study, the oral memories obtained from the significant interactions of alcoholic men with their families and community in times of the COVID-19 pandemic, reflected the experiences, challenges, difficulties, and the way these men live with their chronic alcoholism in their environments. The participants expressed in their discourses, attitudes of changes in social life and habits to adapt to the health recommendations related to coping with the pandemic.

The reports showed that there was a change in the pattern of alcohol use by the participants. Although consumption has not been extinguished, some statements reveal that isolation and social distancing influenced the decrease in this consumption. In addition, it was possible to identify adaptive mechanisms practiced by them, such as one alcoholic who consumed alcohol at home

and another who chose to drink alone. In the following reports we can identify these attitudes:

*-But now on the weekend I drink some, but as I used to drink every day I'm not there anymore. (Papa-Grass)*

*-Because I usually drink alone, I don't like to drink with groups, with people like that, I don't like circles of friends [...] And it reduced a lot, yesterday for example I didn't drink. (Peacock)*

*-And after this illness, it decreased even more, I'm not one to go out drinking like that, every day, to come home drunk [...] when I want to drink two drinks of liquor, I get dizzy [...] I go home. (Canary)*

*- Every now and then I have a relapse, it's not like before. (Sparrow)*

Despite the difficult time experienced as a result of the COVID-19 Pandemic, a new perspective was noticed in the participants, who, due to some improvements in the relationship with their families, felt more encouraged to reduce alcohol consumption:

*- My mother is giving me all the support, my whole family, before when I drank my mother didn't give me much support [...] today I stopped drinking I'm having support from the whole family. When I drank, the girls (nieces) didn't even come close me, the eyes, they knew, then they didn't come close to me, and Mom knew too, the bad smell of the drink [...] improved the relationship with the girls a lot. (Sparrow)*

The family's accusation that one of the participants brought the disease to all family members, after being contaminated by the new coronavirus, triggered the search for alcohol consumption, as shown in the report:

*- I caught the pandemic (COVID-19), I caught this virus, I was hospitalized for 14 days. [...] It wasn't very nice because they*

*were accusing me a lot, they accused me that I was the actor of the disease, of putting it inside the house, then after I spent a few more days inside the house, I had to get into alcohol because I was very desperate. (Parrot)*

Still referring to alcohol consumption in the pandemic, the same participant reported that he did not reduce alcohol consumption and went out to drink every day:

*-I was drinking, I was drinking, I drink [...] Every day. There is an open bar in the neighborhood, there is a distributor that is open, there are other bars there. (Parrot)*

With regards to sanitary measures to control the COVID-19 Pandemic, alcoholic men expressed that they understood the need to comply with them in order to reduce contamination by the new coronavirus, such as social distancing, the use of masks and alcohol in gel, and frequent hand hygiene, as we can see in the following statements:

*- I use a mask, alcohol in gel, and social distance. For me, the mask is more difficult because it makes you feel a little distressed, with shortness of breath, but you have to use it, right? (Papa-Grass)*

*-Wearing the mask and staying away from several people, right [...] Avoid being too close to some people. (Sparrow)*

*- Well, I've heard that it's good to isolate yourself, and I live practically alone, I didn't have much difficulty [...] I stay at home more, in addition to using the mask, I wash my hands only with alcohol. (Peacock)*

*-I came by foot, I arrived before everyone else, I think it's better, in the van it's all stuffy. (Canary)*

Despite recognizing the need for social isolation, one participant reported social interaction with groups of colleagues at the time he was consuming alcohol, as his speech points out:

*-I know you can't be with people much, the volume is too much, you have to stay away [...] sometimes when I'm drinking there, they are talking to each other and there they start touching. (Parrot)*

However, the participants also recognized that the relationships of affection and proximity between family members and neighbors after the pandemic were harmed due to the need for social distancing:

*-I'm estranged (from his father). I'm not even going to their house, nor are they coming here, with this pandemic, he's not going out because they are being safer for him. (Parrot)*

*- It changed, because it became more difficult, with more fear, you want to go to the place, but you don't go because of fear, because it's not good to have a lot of people crowded together. [...] Following the rule as the people say [...] with the neighbors you have to avoid contact with them a little longer. (Papa-Grass)*

*-It's different, I kissed my mother, hugged her, after she got it, we stayed away, you know [...] it's everyone staying away from the others, so no one gets it [...] pray that this stops soon, it ends soon. (Sparrow)*

The unfolding of the pandemic impacted the attitudes of alcoholic men, mainly due to the adoption of sanitary measures, such as social distancing. The results of these impacts are observed in attitudes towards alcohol consumption, family and community life, and health care.

### **Expressions of feelings of the alcoholic man in the face of family and community interactions in the pandemic**

The social interactions of alcoholics influenced their attitudes and favored the expression of different feelings. In the context of chronic alcoholism, different feelings are

expressed in an exacerbated way, due to the biopsychosocial consequences caused by the habitual use of alcohol and, especially, during the difficult context of the pandemic. The present category will portray how the participants of this study demonstrated these experiences in their daily lives.

Regarding family and community support in the face of the difficulties encountered during the pandemic, it was noticed that they are very important to the participants, since some of them did not make use of the support and demonstrations of reception by neighbors. Let's look at some of these narratives:

*-I'm not having a hard time because my family helps me, my brothers help. (Sparrow)*

*-One trying to help the other, one trying to help the other in whatever they can to help. (Papa-Grass)*

*-I have a neighbor, who, although I'm not a relative, is here if I need her, but I don't want to abuse her willingness [...] she has collaborated a lot with me, sometimes I isolate myself like this, then she misses me. (Peacock)*

The existence of family codependency in the participants' relationships was also identified. According to the reports, codependency was perceived by the family's need to maintain control and care for the alcoholic individual.

*-They want to teach me and I don't want to, they think I'm going to drink. I always tell them, I still have to teach you, you have a lot to learn from me [...]. I know how to behave, cover myself, take care of myself and guide them [...]. Only inside the house, they don't let me out, they don't want me to leave. The daughter who does everything, I'm in her house now. (Canary)*

The experiences of a chronic alcoholic are surrounded by several feelings that influence

their lives and those of their families, such as fear, distrust, and affective insecurity. They develop in contexts of social differences, frustrations, and sudden changes in their routines, as occurred in this pandemic. The following are some statements:

*-Liking is a very difficult business, because sometimes you are in contact with the person, but sometimes you are not sure if the person likes you or not. Because nowadays trusting someone is difficult. (Papa-Grass)*

*- I don't like to make friends with anyone, friendship with me is only with my mother and my brothers, no one can trust anyone anymore with the world the way it is, no, we don't have friends anymore. (Sparrow)*

Social exclusion in the context of alcoholism is a social phenomenon that distances alcoholics from living with their families and the community, causing them suffering. In the participants' reports, it was possible to show that the feelings arising from the sense of exclusion are perceived and pointed out as something that brings discontent. In the statements of one participant, this perspective is presented in relation to his neighbors:

*-But they keep looking at me (neighbors), that look is already different, I feel, I notice what they say and do [...]. (Parrot)*

And the feeling of exclusion in relation to the family can also be perceived:

*- I'm willing, if need be, now I can't accept what they're doing to me, practically I'm being an enemy of the family. (Parrot)*

Faced with family conflict, one participant reported the lack of meaning to continue living. This feeling was related to the fact that he felt excluded by family members:

*-For now, nothing has changed, as long as I think I'm not having the home life (from family, wives and children). [...] It's for me to*

*arrive and take my life, the only thing I think about, I've thought this all my life [...] I don't want to stay (crying) [...] it's all going to end there. (Parrot)*

Other participants, despite reporting loneliness, showed different ways of coping with the situation:

*- A relationship that I had very close with a person changed, there was a time when that person really had to leave. [...] I missed it, but I got over it. (Peacock)*

*-I feel good being alone, not talking, when I'm alone in the corner, they realize, my mom and dad know me, they realize when I'm sad, because I don't like to be talking. (Sparrow)*

Furthermore, the feeling of hope for better days is also present in the narratives, as we can see below.

*- Taking it... As far as possible, we go through it [...] hoping it can get better, what we can't do is lose hope. (Peacock)*

*-Good times, there are good times too. There are moments when you are a little bit happy. (Sparrow)*

The expressions of religiosity and relationship with faith in God showed that alcoholic men see participation in the church as a source of support, care, and a form of assistance in controlling alcoholism and the repercussions of the pandemic.

*- It's important because they call me almost every day, we can't go to church, then they call in the morning and after six (18:00) [...] I like the atmosphere there, they call me. [...] Pray for this to end soon. (Sparrow)*

*-I'm from the Catholic Church, I'm not the one who practices it because I have my relapse into alcohol [...] When I'm going to Mass I don't drink, I forget, for me there is no drinking, but then I stay away from the movement I participate in. (Parrot)*

The current pandemic moment is associated

with a process marked by behavioral changes that reflect on the psychological and social aspects of the men who experience chronic alcoholism.

This scenario provides the expression of different feelings, depending on the sociocultural context in which the individual is inserted.

## DISCUSSION

The memories of the alcoholic men participating in this study recalled the habit of drinking before the pandemic and in the present time. Interpersonal experiences in the pandemic scenario demonstrate the biopsychosocial impact caused in families living with chronic alcoholism and experiencing different situations in their daily lives<sup>17</sup>.

In addition to everyday changes, the COVID-19 pandemic has interfered with the pattern of alcohol use. From the participants' reports, it was evident that during the pandemic there was a decline in consumption for the vast majority of them, a result arising from the sanitary measures to control the spread of the new coronavirus. For the maintenance of alcohol consumption, the research participants also sought new places for consumption, since several bars closed in compliance with municipal decrees.

The information generated in this study on the consumption of alcoholic beverages during the pandemic contrasts with the results of studies carried out in China, the United Kingdom, Germany, and in some places in Brazil with a much larger sample, in which habitual alcohol consumers reported increased amounts of alcohol consumption, even with the lockdown<sup>18-19-20</sup>.

The reports of the research participants showed their agreement with the sanitary measures to prevent the contamination of COVID-19 that have been adopted daily. These attitudes confirm the desire to protect their own health. Thus, they corroborate studies

that prove that the adoption of measures for sanitary control and less exposure of the population are essential for everyone's safety, reducing the number of cases and deaths<sup>2-21</sup>. It is also noteworthy that adopting prevention recommendations collaborates for the safety of oneself and the community<sup>22</sup> since alcohol dependence can make it difficult to adopt protective attitudes in the face of sanitary control measures, making the alcoholic and his family vulnerable to contagion by COVID-19<sup>21</sup>.

Although distancing is one of the control and safety measures to avoid contagion by the new coronavirus, it can lead to significant social, economic, and psychological consequences<sup>23</sup>. The authors also point out that this condition exposes personal and collective vulnerabilities, which can cause psychological illness due to the need to separate family members, as well as the limitation of accessible support options<sup>23</sup>.

Study participants complained of social distancing and separation from the family in view of the need to prevent COVID-19, confirming the importance of family support to face the challenges experienced due to alcohol consumption, especially in times of pandemic. It is also stated that it is necessary to involve other social actors in the care of these people, including health professionals and society as a whole<sup>24</sup>.

It is noteworthy that the support and care of the family to the user provides protection from the behavior of alcohol consumption, but the family can also be a risk factor for relapse and the reinforcement of these attitudes when it does



not understand the psychological condition of the alcoholic or does not have information on the complexity of alcohol dependence<sup>24</sup>. In this study, it was identified that with the support of the family, the participants were able to reduce the consumption of alcohol, while the participant who reported the conflicts and judgments of the family members manifested the behavior of drinking alcohol daily.

The understanding that the attitude of family members towards alcoholics can be configured as a relationship of codependency was especially identified from the situation of a participant in this study who is elderly and, therefore, is in the age group that is part of the at-risk group for COVID-19. The family played the role of caring for the alcoholic, but the dissatisfaction with the loss of independence and autonomy that was being built before the pandemic was identified in the participant's speech, a situation that can lead to instability in the established relationships<sup>25</sup>.

Within this perspective, the desire to be responsible for their self-care routine, for their decision-making, was observed in the participant's reports about the expressions of care. Autonomy and independence in the experiential context of alcoholics are still preserved in the virtual memory of the past with the present<sup>26</sup>. Therefore, family members who live with an alcoholic may exclude some feelings, priorities, and customs that they previously exercised, placing family care as a priority.

Unlike the reports of the research participants who expressed the care and attention of family members, it was also identified by their statements that their relationship with the family and neighbors was also marked by social exclusion, causing them suffering. Therefore, it is stated that stigma is one of the forms of exclusion of alcohol users and is closely related to prejudice and marginalization related to

alcoholic people. It is also added that many alcoholics can internalize the prejudices and exclusions arising from the stigma coming from social relationships, which can generate some consequences, such as the feeling that they are in fact morally reprehensible and, therefore, not deserving of any benefits, leaving them with social isolation as a solution<sup>27</sup>.

Research participants - both those who live alone and those who live with family members - still mentioned feelings of loneliness and sadness in their lives for not maintaining a relationship of affection, even with their cohabitation. Thus, they corroborated the study that showed an increase in the occurrence of these feelings in the elderly, who represent a population with a high probability of being isolated, feeling loneliness, not being able to see their loved ones and not having an adequate support system during the COVID-19 pandemic<sup>28</sup>. Of the alcoholic men who referred to loneliness, one mentioned having overcome this condition, while the other participant indicated the feeling of being well, even alone. On the other hand, those who live with their families confirmed their willingness to seek strategies to alleviate the problems generated by living together.

Participants also expressed other feelings that make them suffer, such as fear, insecurity, sadness, mistrust, and lack of perspective. During the COVID-19 pandemic, a survey revealed that, in terms of health conditions, 29.4% of the participants said their health had deteriorated, 45% had problems sleeping, 40% had feelings of sadness, and 52.5% of anxiety/nervousness<sup>29</sup>.

The present study also confirmed the possibility of episodes of suicidal thoughts in elderly alcoholics, mainly due to the occurrence of feelings of suffering and psychosocial changes resulting from the aging process<sup>30</sup>,

as identified in the speech of a participant who revealed the absence of the desire to live as a result of family conflicts over the fact that he had contracted the virus, leading him to be blamed for the spread of the virus throughout the family. Thus, the study found the relationship between the increased risk of suicide as a result of the stigma experienced by individuals with COVID-19 and their families<sup>31</sup>. Regarding suicide, other studies show that the consumption of alcohol and/or other drugs is one of the risk factors for this behavior<sup>32</sup>.

On the other hand, spirituality and religiosity were identified as protective elements of human life, influencing social and cultural interactions and psychological conditions, as well as a support for people who use

alcohol during the pandemic. It is observed that the expressions of belief in God are not only limited to following a doctrine imposed by each religion, but rather to perceiving how the individual maintains a connection with something greater, which connects him with himself, expressing his feelings and purposes of life, adapting better to the therapeutic process, reducing consumption and maintaining abstinence<sup>33</sup>.

The feelings of gratitude and hope expressed by alcoholic men demonstrate that, despite the physical, psychological, and social repercussions resulting from the new coronavirus pandemic, there is a glimpse of a promising future, which makes it possible to redefine the situations experienced.

## CONCLUSION

The present study discussed the significant interactions of alcoholic men during the COVID-19 pandemic, especially those related to the experiences of adaptive processes concerning sanitary control measures and the biopsychosocial consequences arising from chronic alcoholism.

It is concluded, from the SI (Symbolic Interactionism), that alcoholic men experienced during this pandemic moment, changes in social and family life, pointing to damages in affective social relationships, mainly due to the need for social distancing. There were also changes in life habits, especially in the reduction of the alcohol consumption pattern for most participants and the adoption of sanitary measures such as the use of masks and alcohol in gel, in addition to frequent hand washing. Therefore, the participants' reports confirmed that the symbolic interactions arising from

the pandemic scenario promoted protective attitudes that encompass self-care and collective care.

Regarding the support of the family and neighbors in the face of the difficulties experienced during the pandemic, it was noticed that they were very important to the research participants, and the social exclusion of alcoholics was still identified during the reports. The codependency relationship was also identified in the study, revealing that the family played the role of caring for the alcoholic, who in turn showed discontent with the loss of independence and autonomy that was being built before the pandemic. Therefore, it is noteworthy that the alcoholics in this study expressed different feelings in the face of family and community interactions during the pandemic, such as fear, loneliness, insecurity, and concern about the future, to more rewarding feelings, such as gratitude and hope.

In view of this discussion, the need for actions that promote mental health care for alcoholics and their families is emphasized, as well as the formation and implementation of health policies that strengthen the ideals established by the Psychiatric Reform to guarantee social responsibility and autonomy for alcohol users during the COVID-19 pandemic.

As limitations of the study, a small sample of studies carried out on chronic alcoholism in the context of the pandemic to substantiate the analysis is highlighted. Finally, it is believed that this study can contribute to the recent scientific literature on the repercussions of the pandemic on people's lives, especially those who live with chronic alcoholism.

**ACKNOWLEDGMENTS:** The study originated from a larger project, developed at the State University of Southwest Bahia - UESB, entitled: The meaning of family memories in relation to coexistence and care with chronic alcoholism.

#### Author statement CRediT

Conceptualization: Souza SS; Silva TA; Scallop LO; Oak PAL; Silva MJ; More EC. Methodology: Souza SS; Silva TA; Scallop LO; Oak PAL; Silva MJ; More EC. Validation: Silva TA; Scallop LO; Oak PAL; More EC. Formal analysis: Silva TA; Scallop LO; Oak PAL; More EC. Research: Souza SS; Cross DP; Silva MJ. Features: Oak PAL; More EC. Elaboration of the original draft: Souza SS; Silva TA; Scallop LO. Writing and proofreading: Silva TA; Scallop LO; Oak PAL; Cross DP; More EC. Visualization: Souza SS; Silva TA; Scallop LO; DP cross. Supervision: Silva TA; Oak PAL; More EC. Project administration: Meira EC.

All authors read and agreed with the published version of the manuscript.

#### REFERENCES

1. Organização Mundial da Saúde. Mental health and psychosocial considerations during COVID-19 outbreak. Who. 2020; acesso em 30 jul. 2022; <https://apps.who.int/iris/handle/10665/331490>.
2. Williams G, Cañon-Montañez W. COVID-19: O que aprender até agora. *Rev Cuid.* 2020; 11(2): e1225. <https://doi.org/10.15649/cuidarte.1225>.
3. Garcia LP, Sanchez ZM. Consumo de álcool durante a pandemia da COVID-19: uma reflexão necessária para o enfrentamento da situação. *Cad Saude Publica.* 2020; 36(10): e00124520. <http://dx.doi.org/10.1590/0102-311X00124520>.
4. Organização Mundial da Saúde. Global Health Estimates 2016: disease burden by cause, age, sex, by country and by region, 2000-2016. . Genebra, Suíça: Organização Mundial da Saúde, 2018; acesso em 30 jul. 2022; <https://apps.who.int/iris/bitstream/handle/10665/272596/9789241565585-eng.pdf>.
5. Sena ELS, Ribeiro BS, Santos VTC, Meira VS, Malhado SCB, Carvalho PAL. Percepção de familiares sobre a reabilitação psicossocial de alcoolistas. *Rev Cubana de Enfermer.* 2019; 35(1): e1851. <http://www.revenfermeria.sld.cu/index.php/enf/article/view/1851>.
6. Carvalho PAL, Moura MS, Carvalho VT, Reis MCS, Lima CBO, Sena ELS. A família na reabilitação psicossocial de pessoas com sofrimento mental. *Rev Enferm. UFPE.* 2016; 10(5):1701-1708. <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/13545/16317>.
7. Schmidt B, Noal DS, Melo BD, Freitas CM, Ribeiro FML, Passos MFD. Saúde mental e atenção psicossocial a grupos populacionais vulneráveis por processos de exclusão social na pandemia de COVID-19. Rio de Janeiro: Observatório COVID 19; Editora Fiocruz, 2021. <https://doi.org/10.7476/9786557080320.0007>.
8. Sousa AR, Carvalho ESS, Santana TS, Sousa AFL, Figueiredo TFG, Escobar OJV, et al. Sentimento e emoções de homens no enquadramento da doença COVID-19. *Cienc Saúde Colet.* 2020; 25(9):3481-3491. <https://doi.org/10.1590/1413-81232020259.18772020>.
9. Solomon MR, Bamossy GJ, Askegaard S, Hogg MK. Consumer behaviour: a European perspective. 5 edição. Harlow: Pearson Longman. 2013. 704 p.
10. Coulon A. A escola de Chicago. Campinas: Editora Papirus, 1995.
11. Charon JM. Symbolic interactionism: an introduction, an interpretation, an integration. New Jersey: Prentice-Hall, 2010.
12. Meihy JCSB, Holanda F. História oral: como fazer, como pensar. São Paulo: Editora Contexto, 2013.
13. Minayo, MCS. Ciência, Técnica e arte: o desafio da pesquisa social. In: Deslandes SF. et al. (org.) Pesquisa social: teoria, método e criatividade, 23ª edição. Petrópolis: Editora Vozes, 2004.
14. Fontanela BJB, Luchesi BM, Saidel MGB, Ricas J, Turato ER, Melo DG. Amostragem em pesquisas qualitativas: proposta de

- procedimentos para constatar saturação teórica. *Cad Saude Publica*. 2011; 27(2): 389-394. <https://doi.org/10.1590/S0102-311X2011000200020>
15. Bardin L. Análise de conteúdo 4ª edição. São Paulo: Editora Edições 70, 2011, 229 p.
16. Brasil. Resolução nº 466, de 12 de dezembro de 2012. Dispõe sobre diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. Diário Oficial [da] República Federativa do Brasil, Brasília, DF.. <https://conselho.saude.gov.br/resolucoes/2012/Reso466.pdf>.
17. Ahmed MZ, Ahmed O, Aibao Z, Hanbin S, Siyu L, Ahmad A. Epidemic of COVID-19 in China and associated psychological problems. *Asian J Psychiatr*. 2020; 51: 102092. <https://doi.org/10.1016/j.ajp.2020.102092>
18. Fundação Oswaldo Cruz. Resultados da ConVid: pesquisa de comportamentos. 2020; Acesso em 30 jul. 2022. [https://convid.fiocruz.br/index.php?pag=bebiba\\_alcoolica](https://convid.fiocruz.br/index.php?pag=bebiba_alcoolica).
19. Koopmann A, Georgiadou E, Kiefer F, Hillemacher T. Did the general population in Germany drink more alcohol during the COVID-19 pandemic lockdown? *Alcohol Alcohol*. 2020; 55(6), 698-699. <https://doi.org/10.1093/alcalc/agaa058>.
20. Sun Y, Li Y, Bao Y, Meng S, Sun Y, Schumann G, et al. Brief report: increased addictive internet and substance use behavior during the COVID-19 pandemic in China. *The American Journal on Addiction*. 2020; 29(4), 268-270. <https://doi.org/10.1111/ajad.13066>
21. Dias JAA, Dias MFSL, Oliveira ZM, Freitas LMA, Santos NCM, Freitas MCA. Reflexões sobre distanciamento, isolamento social e quarentena como medidas preventivas da COVID-19. *Rev Enferm Centro-Oeste Mineiro*. 2020; 10;e3795. <https://doi.org/10.19175/recom.v10i0.3795>
22. Faro A, Bahiano MA, Nakano TC, Reis C, Silva BFP, Vitti LS. COVID-19 e saúde mental: a emergência do cuidado. *Estud Psicologia*. 2020; 37; e200074. <https://doi.org/10.1590/1982-0275202037e200074>
23. Van Gelder N, Peterman A, Potts A, O'Donnell M, Thompson K, Shah N. Gender and COVID-19 working group. COVID-19: Reducing the risk of infection might increase the .risk of intimate partner violence. *E Clinical Medicine*. 2020; 11(21):100348. <https://doi.org/10.1016/j.eclinm.2020.100348>
24. Silva ML, Guimarães CF, Salles DB. Fatores de risco e proteção à recaída na percepção de usuários de substâncias psicoativas. *Rev Rene*. 2014; 15(6), 1007. <http://www.periodicos.ufc.br/rene/article/view/3301/2540>.
25. Barbosa DJ, Gomes MP, Gomes AMT, Souza FBA. Relação entre o consumo de drogas psicoativas e COVID-19. *J Manag Prim Health Care*. 2020; 12(31), 1. <https://doi.org/10.14295/jmphc.v12.1000>
26. Bergson, H. Matéria e memória: ensaio sobre a relação do corpo com o espírito. 4ª edição. São Paulo: Editora WMF Martins Fontes, 2010.
27. Fernandes RHH, Ventura CAA. O auto-estigma dos usuários de álcool e drogas ilícitas e os serviços de saúde: uma revisão integrativa da literatura. *SMAD, Rev. Eletrônica Saúde Mental Álcool Drog*. 2018; 14(3): 177-184. <http://dx.doi.org/10.11606/issn.1806-6976.smad.2018.000367>.
28. Silveira MPR, Silva MRS, Farias FLR, Moniz ASB, Ventura J. Autonomia e reinserção social: percepção de familiares e profissionais que trabalham com redução de danos. *Cienc Cuid Saude*. 2017; 16(3),1 <http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/34299/20982>.
29. Utzumi FC, Lacerda MR, Bernardino E, Gomes IM, Aued GK, Sousa SM. Continuidade do cuidado e o interacionismo simbólico: um entendimento possível. *Texto Contexto Enferm*. 2018; 27(2),e4250016. <https://doi.org/10.1590/0104-070720180004250016>
30. Meira EC, Souza, SS, Silva TA, Costa LC, Vieira LO, Galvão GA, et al. Mulheres codependentes em convivência com familiar alcoolista. *Rev Enferm Atual In Derme*. 2020; 94(32) e-020071. <https://doi.org/10.31011/reaid-2020-v.94-n.32-art.906>.
31. Haguette TMF. Metodologias qualitativas na sociologia, 14ª edição. Petrópolis: Editora Vozes, 2013.
32. Zalsman G, Stanley B, Szanto K, Clarke, DE, Carli V, Mehlum L. Suicide in the Time of COVID-19: Review and Recommendations. *Arch Suicide Res*. 2020; 24(4), 477-482. <https://doi.org/10.1080/13811118.2020.1830242>.
33. Botelho PB, Souza AD, Meira EC, Santos VTC, Costa LC, Vieira LO, et al. Memória de homens sobre a convivência com o consumo habitual do álcool. *Res Soc Dev*. 2020; 9(7), e844974888-e844974888. <http://dx.doi.org/10.33448/rsd-v9i7.4888>.